

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1					51						
2		1				52						
3		1				53						
4	1					54						
5		1				55						
6		1				56						
7		1				57						
8		1				58						
9						59						
10						60						
11						61						
12						62						
13						63						
14						64						
15						65						
16						66						
17						67						
18						68						
19						69						
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21						71						
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32						82						
33						83						
34						84						
35						85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	2					TOTAL IND.						
TOTAL DEP.	6					TOTAL DEP.						
TOTAL CLAIMS	8					TOTAL CLAIMS						